



# Reinstatement of Participation Request

## What is MS-HIN?

The Mississippi Health Information Network (MS-HIN) provides a fast and secure way for doctors and hospitals to share certain types of health information, such as lab results and x-ray reports. MS-HIN is not a complete medical record. It is a simple way for authorized health care providers to access patient medical information, allowing them to provide you with the best care possible.

## How Does MS-HIN Help You and Your Doctor?

### MS-HIN Is Fast and Secure

MS-HIN is a fast and secure way for your doctor to locate your most up-to-date medical information. Only health care providers with a valid reason will be allowed to access your medical information. Information will be available to emergency room health care providers that could help save your life in a medical emergency. MS-HIN also helps safeguard your medical information in the case of an emergency like a fire or natural disaster.

### MS-HIN Protects Privacy

MS-HIN protects your privacy better than paper records by tracking who has looked at your information. A report of who has accessed your medical information is available from MS-HIN.

### MS-HIN Improves Your Care

MS-HIN allows your doctor to have immediate access to a variety of medical information. This information can help your doctor make better decisions about your care. Accessing lost records through MS-HIN may also prevent your doctor from having you repeat tests; potentially saving you time and money.

## Instructions for Completing a Reinstatement of Participation Request:

If you wish to reinstate your participation in MS-HIN, please complete the following Reinstatement Form and submit it with original signatures via mail or email to:

### Mississippi Health Information Network

805 South Wheatley  
Suite 540  
Ridgeland, Mississippi 39157

If you have any questions, or for more information, please contact MS-HIN at 601-977-8192 or email [Info@ms-hin.ms.gov](mailto:Info@ms-hin.ms.gov).



## Reinstatement of Participation Request

Please initial that you have read and understand each of the following statements:

**Initials:** \_\_\_\_\_ I have previously chosen not to participate in MS-HIN and completed/submitted a Non-Participation Request Form.

**Initials:** \_\_\_\_\_ I understand that by submitting this Reinstatement Request, my medical information will be accessible to authorized health care providers through MS-HIN.

**Initials:** \_\_\_\_\_ I authorize MS-HIN to cancel my previous request for non-participation.

Please provide all of the following information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Previous Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Ex: 01/01/1990) Gender: ☐ Female ☐ Male

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email Address: \_\_\_\_\_ Last Four (4) Digits of Social Security Number: \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If under 18 years of age, signature of parent or legal guardian)

For your protection, MS-HIN must verify your identity before processing this reinstatement request. Your identity may be verified one of two ways: have this form signed by a Notary Public OR by a Health Care Provider (physician, nurse practitioner or physician's assistant) licensed in Mississippi.

**Please return this completed form to MS-HIN with original signatures in black or blue ink.**

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**This section must be completed by a Licensed Health Care Provider (MD, DO, NP, PA) or Notary Public:**

I witnessed the above named individual sign this document and the individual is personally known to me or provided me with valid picture identification on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Printed Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

**Must be an original signature in black or blue ink.**